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CARMELLA SABAUGH MACOMB COUNTY CLEEK

INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

COMMITTEE COVER PAGE	FOR OFFICIAL USE ONLY			
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper	110 50)	S To <u>/3/3/-05</u> Year Mo Day Year		
1. Committee I.D. Number	4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 4. Committee's Mailing Address 51694 INDIAN POITE, MACOMB AN 51694 INDIAN P			
2. Committee Name	If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.			
5. Treasurer's Name and Residential Address Keylor Kunger's Sibac Indian Pointe Macorn b 18042 Area Code and Phone 586 281 0182 Area Code and Phone 586 281 0182				
6. Treasurer's Business Address SIGG INC. AND POINTE	7. Designated Record Keeper's Name and Mailin Record Keeper) Area Code and Phone			
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL 8a. TRIANNUAL STATEMENTS Even Year	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL 8d. ANNUAL STATEMENT (2CC) Coverage Year) 8e. PRE-ELECTION OR 8f. POST-ELECTION Pre-Election or Post-Election Statement relates to: PRIMARY GENERAL CONVENTION SCHOOL SPECIAL CAUCUS Date of Election, Convention or Caucus: Month Day Year	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL 8g. AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8h. DISSOLUTION OF COMMITTEE Effective Date of Dissolution Month Day Year By checking this item, IWe certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.		
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any Schedules in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to of the Information is the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filling the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filling the Statement of Organization of the Statement and attached schedules (if any) and to the best of my showledge and belief the contents are true, accurate and complete. 9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my leading the Current Treasurer or Designated Record Keeper Date				



1. Committee I.D. Number 136916
2. Committee Name Fouts L.T. V

SUMMARY PAGE
NDEPENDENT OR POLITICAL COMMITTEE

INDEPENDENT OR POLITICAL COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3.) \$	(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(4.) \$	(19.) \$
6. Itemized In-Kind Contributions (Schedule 2-IK, Column 7)	(5.) \$	(20.) \$
EXPENDITURES	(6) \$	(21.) \$
7a. Itemized Direct (Schedule 2B, Column 7)	(7a.) \$	
7b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	/	,
7c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(7b.) \$	
7d. Unitemized (less than \$50.01 each - no Schedule)	(7c.) \$	
8. Subtotal of Expenditures	(7d.) \$	
9. Independent Expenditures (Schedule 2B-1, Column 7)	(8.) \$	(22.) \$
10. TOTAL EXPENDITURES (Add Line 8 + Line 9)	(9.) \$	(23.) \$
11.In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(10.) \$	(24.) \$
DEBTS AND OBLIGATIONS	(11.)\$	(25.) \$
 Debts and Obligations Owed by the Committee (Schedule 2E) 	,	
b. Owed to the Committee (Schedule 2E)	(12a.) \$	
	(12b.)\$	
BALANCE STATEMENT	111/05	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.)\$	
 Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I) 	(14.)+	
15. SUBTOTAL Add lines 13 and 14	(15.) =	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)\$	*

^{*}If your ending balance is negative, please recheck your math.